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**PATENT**  
**Attorney Docket No. 6370**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Petersen, et al.

Serial No.: 10/075,120

Group No.:

Filed: February 13, 2002

For: Spinal Proprioception Methods and Related Systems

**Commissioner for Patents**  
**Washington, D.C. 20231**

**COMPLETION OF FILING REQUIREMENTS**

(check and complete this item, if applicable)

- I. ☒ This replies to the Notice to File Missing Parts of Application (PTO-1533) mailed April 11, 2002.

NOTE: If these papers are filed before the office letter issues, adequate identification of the original papers should be made, e.g., in addition to the name of the inventor and title of invention, the filing date based on the "Express Mail" procedure, the serial number from the return post card or the attorney's docket number added.

- ☒ A copy of the Notice to File Missing Parts of Application-Filing Date Granted (Form PTO-1533) is enclosed.

NOTE: The PTO requires that a copy of Form PTO-1533 be returned with the response to the notice to file missing parts to the application.

**DECLARATION OR OATH**

- II. ☒ No original declaration or oath was filed. Enclosed is a copy of the original declaration or oath for this application.


**OR**

- ☐ The original declaration or oath which was filed was determined to be defective. A new original oath or declaration is attached.

NOTE: 37 CFR 1.41(a) points out that "Full names must be stated, including the family name and at least one given name without abbreviation together with any other given name or initial."

NOTE: For surcharge fee for filing declaration after filing date complete item VI(3) below.

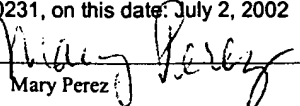
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Tel. No.: (414) 298-8359

  
Rodney D. DeKruif  
Reinhart Boerner Van Deuren, s.c.  
Attn: Linda Gabriel, Docket Clerk  
1000 North Water Street, Suite 2100  
Milwaukee, WI 53202

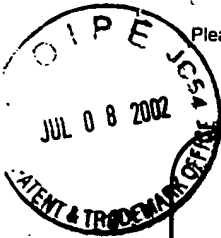
**CERTIFICATION UNDER 37 CFR 1.08 MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on this date: July 2, 2002

Date: July 2, 2002

  
Mary Perez

#3



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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	6370
First Named Inventor	Clive Pai
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 075,120
Filing Date	February 13, 2002
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPINAL PROPRIOCEPTION METHODS AND RELATED SYSTEMS

the specification of which (Title of the Invention)

☐ is attached hereto OR

☒ was filed on (MM/DD/YYYY) February 13, 2002 as United States Application Number or PCT International

Application Number 10/075,120 and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

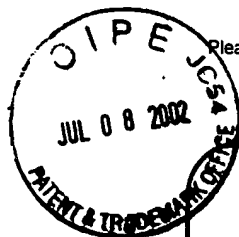
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/268,296	02/13/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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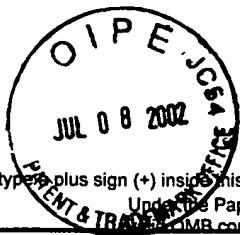
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## DECLARATION

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Supplemental Sheet  
Page \_ 1 \_ of \_ 2 \_

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Cheryl				Petersen			
Inventor's Signature				Date			
Residence: City	Port Washington	State	WI	Country	U.S.	Citizenship	U.S.
Post Office Address		1085 Niagara Lane					
Post Office Address							
City	Port Washington	State	WI	Zip	53074	Country	U.S.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Arvid				Brekke			
Inventor's Signature				Date			
Residence: City	Esko	State	MN	Country	U.S.	Citizenship	U.S.
Post Office Address		96 West Palkie Road					
Post Office Address							
City	Esko	State	MN	Zip	55733	Country	U.S.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Mary Ellen				Bulow			
Inventor's Signature				Date			
Residence: City	Palos Heights	State	IL	Country	U.S.	Citizenship	U.S.
Post Office Address		6454 Fox Lane					
Post Office Address							
City	Palos Heights	State	IL	Zip	60463	Country	U.S.

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 22922 OR ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

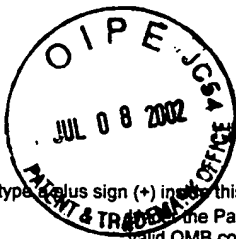
Direct all correspondence to: ☒ Customer Number or Bar Code Label 22922 OR ☐ Correspondence address below

Name	Rodney D. DeKruif						
Address	Reinhart Boerner Van Deuren s.c.						
Address	1000 North Water Street, Suite2100						
City	Milwaukee			State	WI	ZIP	53202
Country	U.S.A.		Telephone	414-298-8361		Fax	414-298-8097

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Clive				Pai			
Inventor's Signature						Date	
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Post Office Address	2417 Park Avenue						
Post Office Address							
City	North Riverside	State	IL	ZIP	60546	Country	U.S.

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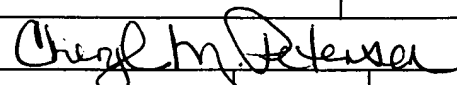
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## ADDITIONAL INVENTOR(S)

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Given Name (first and middle (if any))				Family Name or Surname			
Cheryl				Petersen			
Inventor's Signature					Date		5.16.02
Residence: City	Port Washington	State	WI	Country	U.S.	Citizenship	U.S.
Post Office Address		1085 Niagara Lane					
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## DECLARATION

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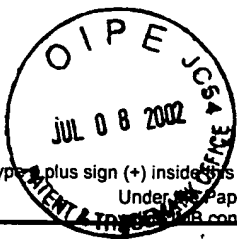
### Supplemental Sheet

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
Erinn				Ewers			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	Chicago	<b>State</b>	IL	<b>Country</b>	U.S.	<b>Citizenship</b>	U.S.
<b>Post Office Address</b>	801 North Wabash Avenue, #2N						
<b>Post Office Address</b>							
<b>City</b>	Chicago	<b>State</b>	IL	<b>Zip</b>	60611	<b>Country</b>	U.S.

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Mary Ellen		Bulow					
Inventor's Signature	<i>Mary E Bulow</i>					Date	5/20/02
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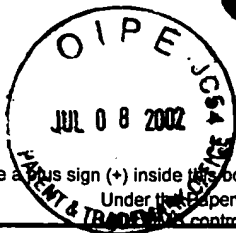
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Inventor's Signature		<i>Arvid Brekke</i>				5-15-2002	
						Date	
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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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OR

22922



☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label



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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Clive		Pal			
Inventor's Signature	Clive Pal			Date	5/15/02
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City	North Riverside	State	IL	ZIP	60546
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☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
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